PTO/SB/21 (02-09)

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TRANSMITTAL **FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

| Application Number | 10/656,684 | |
|------------------------|-------------------|--|
| Filing Date | September 5, 2003 | |
| First Named Inventor | Jeff Miller | |
| Art Unit | 1796 | |
| Examiner Name | TIMOTHY J. KUGEL | |
| Attorney Docket Number | HALB:045 | |

| ENCLOSURES (Check all that apply) | | | | | | |
|--|---|------|---|-----------|------|--|
| Fee Transm | nittal Form | | Drawing(s) | | | After Allowance Communication to TC |
| √ Fee | Attached | | Licensing-related Papers | | | Appeal Communication to Board of Appeals and Interferences |
| Affid Extension of Express Aba Information Certified Cop Document(s Reply to Mis Incomplete A | er Final davits/declaration(s) of Time Request andonment Request Disclosure Statement opy of Priority s) ssing Parts/ | Rema | Petition Petition to Convert to a Provisional Application Power of Attorney, Revoca Change of Correspondence Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on arks | e Address | Retu | Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): In Receipt Postcard |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | | | | |
| Firm Name Karen B. Tripp, Attorney at Law | | | | | | |
| Signature Kan B Jupi | | | | | | |
| Printed name Karen B. Tripp | | | | | | |
| Date Fo | February 28, 2009 Reg. No. 30,452 | | | | | |

CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature Date Karen B. Tripp March 4, 2009 Typed or printed name

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| Effective on 12/08/2004. | | Complete if Known | |
|--|----------------------|-------------------|--|
| Fees the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL | Application Number | 10/656,684 | |
| FEE IRANSWIIIAL | Filing Date | September 5, 2003 | |
| For FY 2009 | First Named Inventor | Jeff Miller | |
| Applicant claims small entity status. See 37 CFR 1.27 | Examiner Name | TIMOTHY J. KUGEL | |
| Applicant claims small entity status. See 37 CFR 1.27 | Art Unit | 1796 | |
| TOTAL AMOUNT OF PAYMENT (\$) 490 00 | Attarnay Decket Ma | HALD-045 | |

| METHOD OF PAYMENT (check all that apply) ✓ Check | TOTAL AMOUNT OF TAT | ΜΕΙΚΙ (Φ) | 490.00 | | Attorney Docke | t No. HAL | .B:045 | |
|---|--|-----------------|----------|----------|----------------|-------------|---|----------------|
| Poeposit Account Name: Karen B. Tripp, Attorney For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below | METHOD OF PAYMENT (check all that apply) | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES STARCH FEES Small Entity Fee (\$) Fee (\$) | Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 50-0807 Deposit Account Name: Karen B. Tripp, Attorney For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card | | | | | | | |
| Application Type | FEE CALCULATION | | | | _ | | | |
| Application Type | | FILING F | EES | SEARC | | | | |
| Design 220 110 100 50 140 70 | | <u>Fee (\$)</u> | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fees Paid (\$) |
| Plant 220 110 330 165 170 85 Reissue 330 165 540 270 650 325 Provisional 220 110 0 0 0 0 0 2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claims 52 26 Each independent claims 390 195 Total Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) | Utility | 330 | 165 | 540 | 270 | 220 | 110 | |
| Reissue 330 165 540 270 650 325 Provisional 220 110 0 0 0 0 0 2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) - 3 or HP = | Design | 220 | 110 | 100 | 50 | 140 | 70 | |
| Provisional 220 110 0 0 0 0 0 2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Fee Paid (\$) | Plant | 220 | 110 | 330 | 165 | 170 | 85 | |
| 2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Fee Paid (\$) | Reissue | 330 | 165 | 540 | 270 | 650 | 325 | |
| Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Each independent claims Fee (\$) 52 26 Each independent claims Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee (\$) Fee Paid (\$) | Provisional | 220 | 110 | 0 | 0 | 0 | 0 | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) | Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) | | | | | | Fee (\$) 26 110 195 ependent Claims | |
| 4. OTHER FEE(S) | If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof (round up to a whole number) x Fee (\$) Fee Paid (\$) | | | | | | | |
| 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 2 month extension of time \$490.00 | Non-English Specific | | • | • | • | | | |

| SUBMITTED BY | | | | | |
|-------------------|-------|------------|------|--|------------------------|
| Signature | X | ans. In | لمها | Registration No. (Attorney/Agent) 30,452 | Telephone 713-658-9323 |
| Name (Print/Type) | Karer | n B. Tripp | 00 | | Date February 28, 2009 |

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